

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/688,650
		Filing Date	October 17, 2003
		First Named Inventor	Nollert, Peter
		Art Unit	1743
		Examiner Name	
Total Number of Pages in This Submission	144	Attorney Docket Number	018062-003130US

## ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Return Postcard</div>	
		Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Townsend and Townsend and Crew LLP William F. Vobach	
Signature		
Date	February 18, 2004	

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Kay Barclay		
Signature		Date	February 18, 2004

# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT**

**(\$)** **0**

### Complete if Known

Application Number	10/688,650
Filing Date	October 17, 2003
First Named Inventor	Nollert, Peter
Examiner Name	
Art Unit	1743
Attorney Docket No.	018062-003130US

### METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  Other  None  
 Deposit Account:

Deposit Account Number

20-1430

Deposit Account Name

Townsend and Townsend and Crew LLP

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) or any underpayment of fee(s)  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

### FEE CALCULATION

#### 1. BASIC FILING FEE

Large Entity  Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1)

#### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Fee from below	Fee Paid
Total Claims	<input type="text"/> -**	<input type="text"/> X <input type="text"/> =	<input type="text"/>
Independent Claims	<input type="text"/> -**	<input type="text"/> X <input type="text"/> =	<input type="text"/>
Multiple Dependent		X <input type="text"/> =	<input type="text"/>

Large Entity  Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

\*\*or number previously paid, if greater; For Reissues, see above

### FEE CALCULATION (continued)

#### 3. ADDITIONAL FEES

Large Entity	Fee Code	Fee (\$)	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
	1051	130		2051	65	Surcharge - late filing fee or oath	
	1052	50		2052	25	Surcharge - late provisional filing fee or cover sheet	
	1053	130		1053	130	Non-English specification	
	1812	2,520		1812	2,520	For filing a request for reexamination	
	1804	920*		1804	920*	Requesting publication of SIR prior to Examiner action	
	1805	1,840*		1805	1,840*	Requesting publication of SIR after Examiner action	
	1251	110		2251	55	Extension for reply within first month	
	1252	420		2252	210	Extension for reply within second month	
	1253	950		2253	475	Extension for reply within third month	
	1254	1,480		2254	740	Extension for reply within fourth month	
	1255	2,010		2255	1,005	Extension for reply within fifth month	
	1401	330		2401	165	Notice of Appeal	
	1402	330		2402	165	Filing a brief in support of an appeal	
	1403	290		2403	145	Request for oral hearing	
	1451	1,510		1451	1,510	Petition to institute a public use proceeding	
	1452	110		2452	55	Petition to revive - unavoidable	
	1453	1,330		2453	665	Petition to revive - unintentional	
	1501	1,330		2501	665	Utility issue fee (or reissue)	
	1502	480		2502	240	Design issue fee	
	1503	640		2503	320	Plant issue fee	
	1460	130		1460	130	Petitions to the Commissioner	
	1807	50		1807	50	Petitions related to provisional applications	
	1806	180		1806	180	Submission of Information Disclosure Stmt	
	8021	40		8021	40	Recording each patent assignment per property (times number of properties)	
	1809	770		2809	385	Filing a submission after final rejection (37 CFR § 1.129(a))	
	1810	770		2810	385	For each additional invention to be examined (37 CFR § 1.129(b))	
	1801	770		2801	385	Request for Continued Examination (RCE)	
	1802	900		1802	900	Request for expedited examination of a design application	

Other fee (specify) \_\_\_\_\_

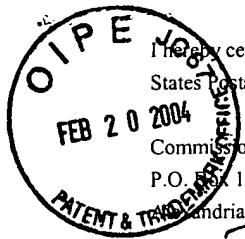
\*Reduced by Basic Filing Fee Paid **SUBTOTAL (3)**

**(\$)**

### SUBMITTED BY

Name (Print/Type)	William F. Vobach	Registration No. (Attorney/Agent)	39,411	Telephone	303-571-4000
Signature	<i>William F. Vobach</i>			Date	February 18, 2004

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.



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On February 18, 2004

TOWNSEND and TOWNSEND and CREW LLP

By: Lesley Barclay

**PATENT**  
Attorney Docket No.: 018062-003130US  
Client Reference No.: 2000-026

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

Peter Nollert, et al.

Application No.: 10/688,650

Filed: October 17, 2003

For: METHOD AND APPARATUS FOR  
PREPARING LIPIDIC MESOPHASE  
MATERIAL

Examiner:

Art Unit: 1743

**SUPPLEMENTAL INFORMATION  
DISCLOSURE STATEMENT UNDER 37  
CFR §1.97 and §1.98**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

The references cited on attached form PTO/SB/08A and PTO/SB/08B are being called to the attention of the Examiner. Copies of the references are enclosed. It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

Applicant believes that no fee is required for submission of this statement. However, if a fee is required, the Commissioner is authorized to deduct such fee from the undersigned's Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,



William F. Vobach  
Reg. No. 39,411

TOWNSEND and TOWNSEND and CREW LLP  
Two Embarcadero Center, Eighth Floor  
San Francisco, California 94111-3834  
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WFV:klb  
60143713 v1



<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b> <i>(use as many sheets as necessary)</i>				<i>Complete if Known</i>		
				Application Number		10/688,650
				Filing Date		October 17, 2003
				First Named Inventor		Nollert, Peter
				Art Unit		1743
				Examiner Name		
Sheet	1	of		Attorney Docket Number	018062-003130US	

<b>U.S. PATENT DOCUMENTS+</b>					
Examiner Initials*	Cite No. <sup>1</sup>	Document Number Number Kind Code <sup>2</sup> (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
	AA	US-3,586,064	06-22-1971	Brown et al.	
	AB	US-3,734,127	05-22-1973	Williams et al.	
	AC	US-4,011,658	03-15-1977	Tarrson et al.	
	AD	US-4,388,272	06-14-1983	Gesteland, Robert C.	
	AE	US-4,390,500	06-28-1983	Miskinis, Robert J.	
	AF	US-4,803,053	02-07-1989	Williamson, Kenneth L.	
	AG	US-5,178,838	06-12-1993	Sala et al.	
	AH	US-5,425,920	06-20-1995	Conti et al.	
	AI	US-5,580,530	12-03-1996	Kowatsch et al.	
	AJ	US-5,871,699	02-16-1999	Ruggeri, Guido	
	AK	US-6,582,665	06-24-2003	Faulkner, Michael T.	
	AL	US-2002/0173046 A1	11-21-2002	Hafez et al.	
	AM	US-2003/0143115 A1	07-31-2003	Tanimoto et al.	
	AN	US-			
	AO	US-			
	AP	US-			
	AQ	US-			
	AR	US-			
	AS	US-			
	AT	US-			

<b>FOREIGN PATENT DOCUMENTS</b>							
Examiner Initials*	Cite No. <sup>1</sup>	Foreign Patent Document		Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T <sup>6</sup>
		Country Code <sup>3</sup>	Number <sup>4</sup> Kind Code <sup>5</sup> (if known)				
	AU	EP	0 148 116 A1	07-10-1985			<input type="checkbox"/>
	AV						<input type="checkbox"/>
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	AX						<input type="checkbox"/>
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	AZ						<input type="checkbox"/>
	BA						<input type="checkbox"/>
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Examiner Signature	Date Considered
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EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. <sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Kind Codes of U.S. Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 901.04. <sup>3</sup> Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). <sup>4</sup> For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. <sup>5</sup> Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. <sup>6</sup> Applicant is to place a check mark here if English language Translation is attached.  
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Substitute for form 1449B/PTO				<b>Complete if Known</b>	
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>					
(use as many sheets as necessary)					
Sheet	2	of			
				Attorney Docket Number	018062-003130US

<b>NON PATENT LITERATURE DOCUMENTS</b>				
Examiner Initials *	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.		T <sup>2</sup>
	BC			
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	BI			
	BJ			
	BK			
	BL			
	BM			

Examiner Signature		Date Considered	
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EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.